MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED AFTER I"AMENDMENT AFTER 2 MAMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. 3 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 53 54 55 56 9.7 TOTAL IND. TOTAL IND. total dep. TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS

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